

AUG - 5 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County *Way* Registration District No. **791**
Township *1008* Primary Registration District No. **1008**
City (No. *6904, PENNSYLVANIA*) St. *PA* Ward

File No. *25751*
Registered No. **6925**

2. FULL NAME *MARY BARANOSKI*

(a) Residence, No. *6904 Pennsylvania* St. *1* Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *FEMALE* 4. COLOR OR RACE *WHITE* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *SINGLE*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *MAY 19 - 1918*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 1 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *nil.*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *ST LOUIS MO.*13. NAME *WALTER BARANOSKI*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *POLAND*15. MAIDEN NAME *MARY OCHANOSKI*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *POLAND*17. INFORMANT *WALTER BARANOSKI* (ADDRESS) *6904 PENNSYLVANIA*18. BURIAL, CREMATION, OR REMOVAL PLACES *ST PETER & PAUL CH.* DATE *JULY 20, 1937*19. UNDERTAKER *Jos. P. Fenolar, Jr.* (ADDRESS) *7122 MICHIGAN AV.*20. FILED *JUL 20 1937* *J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 18, 1937*22. I HEREBY CERTIFY, That I attended deceased from *June 22, 1937, to July 18, 1937*Last saw him alive on *July 17, 1937* Death is saidto have occurred on the date stated above, at *5:30 a.m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Insanity (several years)

Other contributory causes of importance:

Starvation self-inflicted due to insanity

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Member of injury *St. Joseph's Hospital*Name of injury *St. Joseph's Hospital*

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(signed) *J. M. Mulachy* M. D.(Address) *7405 Mich. av.*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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